



OMBUDSMAN ONTARIO

Ombudsman's
Opinions and Recommendations
Pursuant to section 21
of the *Ombudsman Act*

*Re: Own Motion Investigation into waiting lists
and service delays in the Ministry of Children
and Youth Services, Intensive Early Intervention
Program for Children with Autism*

April 22, 2004



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The Complaint

In 1999, the former Ministry of Community, Family and Children's Services (the Ministry), through the Office of Integrated Services for Children, established an Intensive Early Intervention Program for Children with Autism (the Program). The Program is now the responsibility of the newly created Ministry of Children and Youth Services (MCYS). In 2000, my office began to receive complaints from parents about delays and access to the Program's services. Prior to commencing this investigation, the Ministry had advised my staff that, as of April 30, 2002, 173 children had been assessed as eligible for Intensive Behavioural Intervention (IBI) but were waiting for services to begin. Information provided to my office by the service providers across Ontario indicated that the number of children waiting for both eligibility assessment and/or IBI services was close to 900 in the same period. The Ministry informed my office that it did not collect information about the length of time that a child may wait for assessment or services.

By letter dated September 23, 2002, I notified the Ministry of my concerns about the waiting lists and service delays. Further, I asked the Ministry whether it had examined the issue of waiting lists within the regional programs and the impact of delay in treatment for children with autism and how the Ministry proposed to deal with what appeared to be an increasing number of children with autism.

Ministry Response

In the Ministry's response of October 18, 2002, it expressed concerns about the delay in providing services in its nine regional autism programs. The Ministry advised that it had thoroughly examined the operations of the nine regional programs to determine the reasons behind the wait list and possible solutions to address the problem.

The Ministry reported it had identified factors affecting access to the Program: program maturity, staff capacity, and staff attrition. With respect to the first factor, the Ministry noted:

While the Intensive Intervention Program is only entering its third year of operation, it should be remembered that three years ago there was no program to provide intensive behavioural intervention services to children with autism in Ontario. Moreover, because the program is new, in the first years of implementation, it has had to try to serve a large number of children in each of the age two to five cohorts (i.e., all ages 2, 3, 4 and 5). By contrast, once the program attains its steady state, it will be serving one new age cohort every year, and simultaneously one age cohort will be leaving the program as those children turn six. Therefore, there is an initial transitional period of high demand for services with commencement of the program.

The second factor noted by the Ministry was staff capacity and the difficulty regional programs were having in recruiting qualified staff. The Ministry noted that "the ability to find qualified staff is compounded by the fact that many of the skills required to work in the autism program are also valued by the private sector, as well as other parts of the health and social services sector". Further, the Ministry stated that the Program is built around clinical psychologists, which eight out of nine regional autism programs reported they had difficulty recruiting.

Staff attrition was the third factor the Ministry cited as impacting the Program commenting that "behavioural intervention services are very demanding and intense for both children and therapists." The Ministry noted that there was a 20% turnover in staff and, on average, it requires 1.25 staff to deliver services for each child.

The Ministry further advised that it was considering options to address the Program and service demand. It stated that it was unable to provide more detailed information about the steps being taken to address the situation since the government was considering approval of actions, which would address the Program waiting lists.

On November 18, 2002, the Ministry announced in a press release that it was providing additional funding to the Program of \$58.6 million to bring the total commitment to almost \$100 million by 2006-07. The announcement provided for \$39.6 million for enhancements and \$19 million for new programs and services for older children with autism to grow and learn in their transition to school.

I subsequently requested that the Ministry provide me with specific information concerning:

- The number of children who were on the waiting list across the province, their ages, date of application to the Program, the median wait time and the longest wait time;
- The number of children receiving services, the date of their application to the Program, the date of commencement and the scheduled date of termination of the services;
- The number of children who had received services but who are no longer receiving services, the commencement date of services and the date of their application to the Program; and,
- The number of children who had been found ineligible for services because they were too old, the date of their application to the Program and the date that they were found ineligible.

In addition, I requested information that would demonstrate how the additional funding allocated by the Ministry would be used to address the wait list issue.

By letter of January 13, 2003, the Ministry advised that it "collects some of the information requested through monthly status reports from the regional service providers" but it does not collect detailed information such as children's ages, application

dates, wait times prior to assessment and scheduled termination dates. The regional service providers retain this information. The Ministry advised that the information requested would be obtained from the regional service providers for the purpose of this investigation.

The Ministry stated that it takes "the issue of children with autism waiting for service very seriously, especially given the evidence that the program is most effective for children of younger ages." The Ministry noted that, of the proposed \$58.6 million invested, \$1 million had already been used in 2002-03 to enable regional programs to hire additional staff and service increased numbers of children. The Ministry stated that, by 2006-07, it estimated there would be "763 additional staff hired and 610 additional children receiving IBI services."

In addition, the Ministry noted that other investments would be made for outreach and recruitment activities including investing in colleges and universities to develop curricula in behavioural science and autism, as well as enhanced training to support the increased number of staff.

On January 7, 2004, I issued an investigative summary setting out my preliminary opinions and recommendations. The MCYS' response to my summary was provided orally on March 1, 2004. On March 10, 2004, I issued a report pursuant to s.21 of the *Ombudsman Act*. This report incorporated the MCYS' response to my investigative summary.

On March 31, 2004, the MCYS provided its response to my March 10, 2004 report. It noted the program was "a completely new service model that moved quickly from design to implementation" to respond "to the immediate need for service expressed by families of children with autism." The MCYS noted, "service demand was unexpectedly high" and "much has been learned since implementation began in the Fall of 2000." It advised that the MCYS plans to refocus its efforts with respect to serving children with autism and their families. It advised the government announced a plan on March 26, 2004, which will:

1. Increase the number of pre-school children with autism who receive assessment and service through:
 - Funding George Brown College and St. Lawrence College to support 60 potential new students in their Behavioural Science Technology programs
 - Supporting development of a College Graduate Certificate Program in Autism and Behavioural Science to provide up to 180 students each year with more specialized and targeted training
 - Developing a Grant Assistance Program to support recruitment and retention of therapists and psychologists.

2. Support school age children and youth with autism in schools through:
 - Enhancing knowledge and skills of educators to support children and youth with autism
 - Providing Transition Coordinators to support a smoother transition to school
3. Provide information and tools to support parents through:
 - Access to resource materials and professionals
 - Development of new registry to enable parents to identify available service providers
4. Provide for long-term sustainability of these services through:
 - Investments in knowledge and infrastructure such as creation of an Academic Chair and up to five Graduate Fellowships to generate dedicated research to increase our knowledge about autism
 - Evaluation of our investments so that decisions about programs are based on the best-available scientific information.

Although the MCYS had already commented orally on March 1, 2004, regarding the information obtained in my investigation and later set out in my March 10, 2004 report, it included an Appendix with its March 31, 2004, response with new comments clarifying and correcting information. Under the circumstances, I am reissuing my report under s. 21 of the *Ombudsman Act* to incorporate the MCYS' further comments.

Investigative Process

During the course of this investigation, data was obtained from the Ministry, as well as regional service providers, for the period of time from the commencement of the Program in the fall of 2000 to September 30, 2003. Relevant Ministry documents were reviewed including the Program guidelines, Program file information, the Requests for Proposal submissions, service agreements, the Ministry's Guide to Autism Information System Report (ISCIS), budget information, staffing reports, directives and correspondence including that between regional service providers and Ministry officials. Interviews were conducted with regional service provider staff, Ministry officials, complainants to my office, and other provincial governmental organizations.

Background

According to the Autism Society of Ontario, autism is described as a complex developmental disability appearing generally in the first three years of a child's life and is thought to be the result of a neurological disorder affecting the functioning of the brain. It is a life long disability. Its symptoms typically include difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. In some cases

there may be aggressive and/or self-injurious behaviour, repeated body movements such as hand flapping and rocking and other unusual responses to people and objects. Autism is seen as a spectrum disorder since its symptoms and characteristics can be presented in a wide variety and range of combinations from mild to severe.

Prior to 1999, the Ministry was receiving information about autism and complaints from service providers and parents about gaps in available services. Given the considerable research supporting the benefits of early intervention programs and the Ministry's mandate to initiate preventative services for children, there was growing interest from the Ministry in developing a program. The Autism and Research Projects Director, in the Integrated Services for Children Division of the Ministry stated in an Examination for Discovery in a court proceeding on December 7, 2000:

By intervening early and providing intensive services to children at a young age, there would be an avoidance of costs for some children in terms of potential future costs of special education or other support services, and this cost avoidance would be significant, although we weren't able to identify or project what the cost avoidance exactly would be.

The Ministry announced the Program in the 1999 Spring Budget. The Program was designed by August of that year and Requests for Proposals (RFP) were requested in December 1999. The Ministry's "Preliminary Program Guidelines for Regional Intensive Early Intervention Programs for Children with Autism" set out the vision, goal and objectives of the Ministry Program. The Program's vision was as follows:

Vision

All young children with autism in Ontario will be diagnosed as early as possible and given appropriate, consistent, high quality, intensive early intervention services they need to function more effectively and lead richer lives.

In response to my investigative summary, the MCYS explained that the Program vision had changed by September 2000, after the service contracts had been signed with local service providers. The amended vision deleted the reference to "all" young children, as well as the specific reference to "intensive early intervention services." The Goal and Objectives remained essentially the same:

Goal

To establish a network of Regional Early Intensive Intervention Programs for Children with Autism which will build Ontario's capacity to provide high quality, early intensive behavioural intervention, coordinated with other services children and families need.

Objectives

The objectives for young children with autism are to ensure that they:

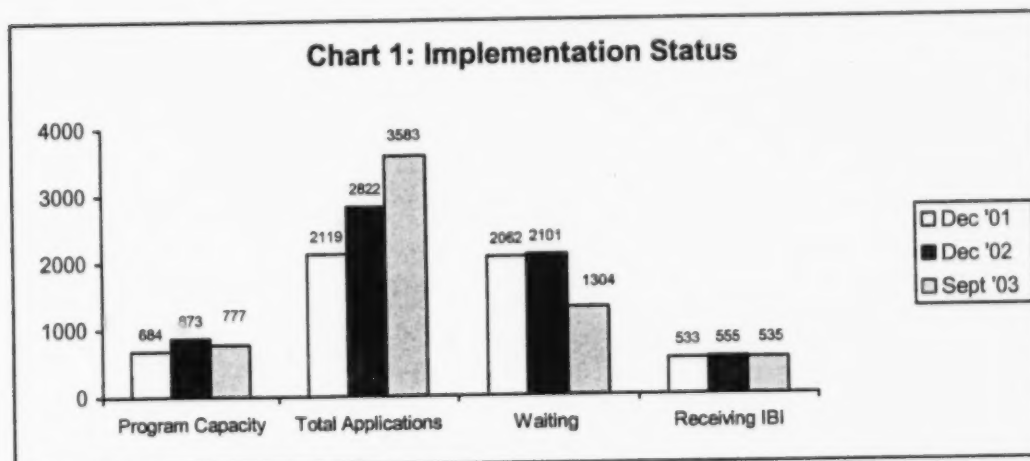
- receive a thorough and accurate diagnosis as early as possible

- have an individualized service plan based on their strengths and needs
- receive high quality individualized intensive behavioural intervention, make a smooth and effective transition into school programs and/or other services for older children
- demonstrate measurable gains and improvements by age six.

The objectives for the system are to:

- deliver services that are responsive to families' needs and concerns
- develop the capacity of regional programs to provide effective, evidence-based, intensive behavioural intervention to young children with autism
- develop effective links with other services and supports to ensure that children with autism and their families have access to service coordination, information, and other necessary services
- evaluate the Intensive Early Intervention Program for Children with Autism and institute a program of continuous quality improvement
- develop the capacity to identify and diagnose children with autism earlier and more effectively

Ministry data, as illustrated in Chart 1, sets out the Program's experience with respect to Program Capacity, Total Applications, Waiting (for assessment/services) and Receiving IBI. The data is a snapshot of the Program on three particular days during a three-year period.



Source: Ministry data as of December 27, 2001, December 26, 2002, September 30, 2003

Notes:

"Waiting" includes waiting for assessment, in assessment process, assessed, waiting eligibility decision, and eligible and waiting for IBI

"Program Capacity" is the estimate of the number of children that can be served based on the "annualized funding resources"

In November 1999, the Ministry announced the Program would have \$5 million in funding, this was increased to \$19.3 million for the 2001-02 fiscal year. In May 2001,

the Ministry announced that the funding for 2001-02 would be increased to \$39.29 million. In November 2002, the Ministry announced funding would be increased by \$58.6 million. A review of the Program's data indicates that the increase in funding has only resulted in a small increase in the number of children receiving service, with large numbers of children still waiting for service, not receiving service and "aging out" without receiving service. The demand for the Program still far exceeds the Ministry's capacity to provide services. The Ministry advises that its intent was not to underfund the Program, but since the demand exceeds the capacity to provide services, it is inevitable that some children will not receive service.

In response to my investigative summary, the MCYS explained that services for children with autism are funded under children's mental health services. It stated that these services are not mandatory under the *Child and Family Services Act* but discretionary. It noted these services are funded to the level of available resources and not to the level of need.

Per Capita Ratio

In its RFP, the Ministry identified that one to two children per 1,000 in Ontario would be potential clients of the Program. Section 8 of the RFP notes that, "The exact number of such children in each region is not known, however, it can be assumed that between 1 and 2 per 1000 children will require intensive behavioural intervention." According to the Ministry, the prevalence of autism was estimated with the use of information obtained from OHIP data and from statistics from the school boards. The Ministry has confirmed in interviews with my Investigator that its estimates about the number of autistic children who were in the age range of two to five years were not accurate.

The Ministry's report entitled "Review of OHIP Databases with respect to Autism" dated March 2000, notes that "there are a number of limitations to using administrative databases to identify disease prevalence... This review is subject to ... potential inaccuracies, thus the following data must be interpreted with caution." The report notes that the "prevalence rates are potentially subject to under estimation as we know that not all physician patient encounters in Ontario are captured through our OHIP billing data." Further, the report notes that, in reviewing data for the three year period of 1996-98, the "annual incidence and prevalence (of autism) had increased over time." That data shows an increasing prevalence rate of 11.9:10,000 - 1996; 17.2:10,000 - 1997; and, 20.9:10,000 in 1998. This translates to 1.19 to 2.09 per 1,000 children. The report noted that in 1998 there were 1,936 children diagnosed with autism in Ontario.

In response to my investigative summary, the MCYS explained that the report was commissioned to assist the Ministry in the development of the assessment and screening requirements for the Program. The report examined prevalence and healthcare utilization for autism in Ontario and a literature review of the best medical screens for children with autism. The Ministry recognized that an analysis of administrative databases such as OHIP billing information had the potential to be inaccurate. It noted that, because the data was very inaccurate, the report was never finalized. The MCYS stated that the report was not an epidemiological study, which would have been far more comprehensive and accurate in determining incidence rates. The MCYS explained that an epidemiological study was not done because of the large number of children involved and the fact that the Ministry's focus was on responding to the needs of families by designing and delivering a program quickly.

Although the Program guidelines indicate that it was primarily intended for children up to and including the age of five, children between five and six years old when they enter the Program are eligible to receive 12 months of service if, based on an individual assessment, intensive services will help them make the transition to school-based programs. However, children between the ages of five and six were not included in the Ministry's estimates of the Program's target population. The Ministry was not able to explain to my Investigator the reasoning behind this omission.

In the responses to the RFP, organizations submitting proposals noted that the expected number of clients in their regions exceeded the Ministry estimate substantially. The proposals included research evidence supporting a higher incidence of autism. For example, the proposal from South Eastern Region Pathways for Children and Youth states:

The National Institute of Health (United States) reported at the Autism Society of America Conference in July 1999, that 1 in 500 children were diagnosed with Autism and 1 in 200 children fall within the Autism Spectrum Disorder diagnostic category. This rate reflects regional experience as the survey completed last year identifies approximately 150 children with ASD between the ages of 2 and 5 years across the region.

The submission concluded that, "if the new American incidence rates are accurate, the Region may only be able to serve 20% of the target population." Similar information was documented in the proposals for the North Eastern and Central Eastern regions. The proposals indicated that they would not be able to meet the Ministry's minimum target for the number of children to be served and provided evidence of significantly greater numbers of children in the regions who would be eligible to apply for the Program.

The clinical directors interviewed stated that the incidence of autism is now estimated to be closer to one child in 200 rather than one to two per 1,000 children. Research, including a study published in the Journal of Autism and Developmental Disorders in 1998, supports that there is an increase in the prevalence of autism. The Ministry acknowledged that the incidence of autism may have increased as the research indicates.

The Ministry confirmed it had received between 400 - 500 letters of complaint and interest from families with autistic children about the Program at its inception. The Ministry also confirmed that it had received 1,280 applications for the Program as of December 2000.

In response to my investigative summary, the MCYS noted that currently the prevalence of autism spectrum disorder (ASD) is reported to be approximately 3 in every 1,000 children. It noted that, although research is demonstrating an increase in the overall incidence of children with ASD, it appears that this apparent increase may be attributable to a broader definition of autism, increased awareness, earlier diagnoses and more systematic assessment practices.

The MCYS explained that, when the Program was being developed, there was no reliable data on the number of children in Ontario with ASD. It explained that current data in Ontario regarding the prevalence of children with ASD varies. It noted the Special Education Branch of the Ministry of Education indicates that there are approximately 5,000 children with ASD enrolled in public school and the Education Finance Branch indicates the incidence of children with ASD in public school is 0.35% or 7,000 children. The MCYS said that, based on applications for the Program, it estimates the incidence of children with ASD as between 0.35% and 0.4%. The MCYS explained that if one uses

the Diagnostic and Statistics Manual IV, the prevalence of ASD is 1:1000 or 2:1000. The Program is intended to serve only those children with moderate to severe autism. The MCYS noted on March 1, 2004, that the number of children presenting in the Program exceeds this number and suggested that approximately 30% of the children who apply for service from the Program are ineligible. In its response of March 31, 2004, the MCYS stated, based on experience to date, approximately 25% of children who are assessed will be found ineligible for the Program.

In its oral response of March 1, 2004, the MCYS emphasized that its experience with IBI services is similar to that of other jurisdictions. It explained that the status of the Program resembles California and New York in 1996 and 1997, when these states were beginning to implement their IBI programs. The MCYS commented that the data to implement these programs was also scanty. It noted that, when a study relating to the value of IBI was released in the United States, there was huge demand for similar services. The MCYS advised that part of the Ministry's research in developing the Program involved visits to the programs in California and New York. Based on these visits, the Ministry knew that there would be problems meeting the demand, particularly since the Program was announced in 1999 and the demand for service started before the Program did. The MCYS explained that California and New York also experienced difficulties hiring trained staff, they did not know the number of children that would benefit from intervention and they could not implement their programs early enough to meet the demand. Information concerning this research was not provided to my Investigator when she interviewed Ministry officials and reviewed Ministry documentation.

In its March 31, 2004 response to my March 10, 2004 report, the MCYS stated:

While ministry staff did not visit programs in California and New York as indicated (in my report) a literature review was conducted, staff visited Princeton Child Development Institute in New Jersey, and the ministry commissioned a research report on training policies, procedures and issues that included interviews with 10 leading programs using intensive behavioural programming for young children with autism in the United States. Additional information about programs in California and New York became known in the Fall of 2003 from experts from those jurisdictions in the trial that is currently in progress.

The MCYS stated that in designing the Program it did a lot of research. It explained that even today the data is not "nailed down." While the MCYS believes that the best data should be used in designing such programs, it claimed that the Ministry used the data that was available.

The MCYS advised in its March 31, 2004 response to my March 10, 2004 report that:

The ministry acknowledges that in designing this program, there was great variance in prevalence rates. The ministry consulted broadly to obtain consistent data that could be used to determine prevalence in Ontario. We are committed to

refining our understanding of prevalence based on our actual experience since implementing the program.

It advised that with reference to expected client numbers in response to the Ministry's Request for Proposals:

While responses to the Request for Proposals may have indicated regional estimates of the prevalence of the entire autism spectrum disorder, the program is designed to serve children diagnosed with autism or a disorder which could be considered toward the severe end of the autism spectrum disorder.

Analysis

Years before the implementation of the Program, similar programs in California and New York had experienced problems projecting the number of children potentially eligible for IBI services and meeting their needs. The MCYS advised my staff on March 1, 2004, that the Ministry had visited these programs, studied the experience in these states and was aware of the uncertainty surrounding the prevalence of children with autism when designing the Program. However, later the MCYS provided contradictory information, explaining that it had only obtained additional information about these programs in the Fall of 2003.

The Ministry acknowledged that its review of OHIP data was subject to potential inaccuracies and underestimated the prevalence of autism in children. The Ministry was aware when the Program was being planned that there were at least 1,936 children in Ontario with a diagnosis of autism who might be eligible for the Program. Through the RFP process, the Ministry was aware that the numbers of eligible children known to the regional providers exceeded the Ministry's estimates. The Ministry was unable to explain why children between the ages of five to six years of age were omitted in the estimates of the Program's target population.

In my March 10, 2004 report, I noted that it appeared the Ministry was well aware, when designing and implementing the Program, that the prevalence of children with autism in Ontario was uncertain and it was unlikely to be able to meet the demand for IBI services. I am concerned about the inconsistency in the information provided to my office regarding the process used by the Ministry to obtain information regarding the prevalence of autism in Ontario. On the one hand, it was suggested to my staff on March 1, 2004, that the Ministry had information regarding the experience in California and New York, and accordingly would have been aware of the problems those programs had in meeting the demand for IBI services. On the other hand, the MCYS has stated recently that additional information regarding these programs was not obtained until the Fall of 2003. If that is the case, I question the prudence of the Ministry in planning for an IBI program without obtaining detailed information regarding the experience of similar programs in the states. While obtaining this information may not have resulted in the Ministry

knowing with any greater certainty what the prevalence of autism in Ontario was, it may have provided the Ministry with important information to guide it in its planning.

Human Resources

The Ministry stated that staffing issues and the lack of qualified staff to deliver the Program were significant factors affecting service delivery, wait lists, and delays to provide and receive services.

The Ministry had considered the issue of staff recruitment and training when planning the Program. The December 1999 RFP, Appendix B, notes that "Ontario has a shortage of qualified supervisors and instructor-therapists with extensive experience in providing intensive behavioural intervention to young children with autism." The RFP also advised that the Ministry would be initiating a provincial training program to deliver training to "staff over the first two years of the program operation." Further, the RFP notes that the start date for program service delivery will be "no later than three months after the award of the contract" and that contracts would have an expiry date of March 31, 2003. I note that the contracts with service providers were entered into in the summer of 2000.

The Ministry entered into a contract with Behavioural Institute (BI) to deliver IBI training. BI started to provide therapist training to service provider staff in the fall of 2000. By August 16, 2001, the minutes from a meeting of a group of clinical directors note that BI had trained 484 individuals. The Ministry has confirmed that by October 2002, 718 individuals had been trained in the nine regional programs. BI continues to deliver training.

Service providers interviewed stated that the two-week training provided by BI was only theoretical and was inadequate. Service providers advised that they had established additional on-the-job-training for therapists and that a couple of months was necessary to properly train staff.

In response to my investigative summary, the MCYS noted that the contracts with regional service providers were signed in July 2000 and commenced in September 2000. The MCYS stated that the Minister wanted the Program "up and running" by September. The MCYS stated that the Program started before the Program was able to recruit. It acknowledged that the initial training schedule developed by BI had to be modified to enable regional programs to train staff more quickly in the fall of 2000. The MCYS stated that the training was not inadequate from the perspective of content but rather there were insufficient sessions planned to coincide with the Program's start-up. It noted that BI responded to this need by providing additional opportunities on weekends and doubling-up training sessions in the fall of 2000 and winter of 2001, so that staff being hired could be trained as quickly as possible and deliver service.

In the backgrounder for its November 18, 2002, press release, the Ministry announced that the "government is launching a significant recruitment strategy to hire and retain IBI professionals to work in Ontario [and]...is also working with Ontario colleges and universities to develop curricula to train IBI professionals."

An internal document dated November 22, 2002, states that the Ministry's strategy following the Minister's announcement of November 18, 2002, was to build capacity in the Program by investing in recruitment and retention initiatives. The document lists a two-year initiative commencing in 2002-03 including outreach tools for regional service providers. The implementation plan notes expenditures for 2003-04, 2004-05, 2005-06, and 2006-07 and includes a bursary program.

In response to my investigative summary, the MCYS stated that the funding allocated in 2002-03 and 2003-04 included:

- Development of materials for regional programs to use at conferences, symposiums and other events that focus on communicating about Ontario's autism initiative, IBI, and where to obtain further information.
- Products included: pop-up display exhibits for each of the regional programs, posters, and brochures and fact sheets, which contain information about the Program.
- A web-site was also developed for the Ministry web-site to link individuals with employment opportunities available at regional programs.
- Each regional program also received funding to attend two job fairs per year.

The MCYS advised that, before the 2002-03 fiscal year, resources and support were not provided to service providers to assist them with outreach and recruitment.

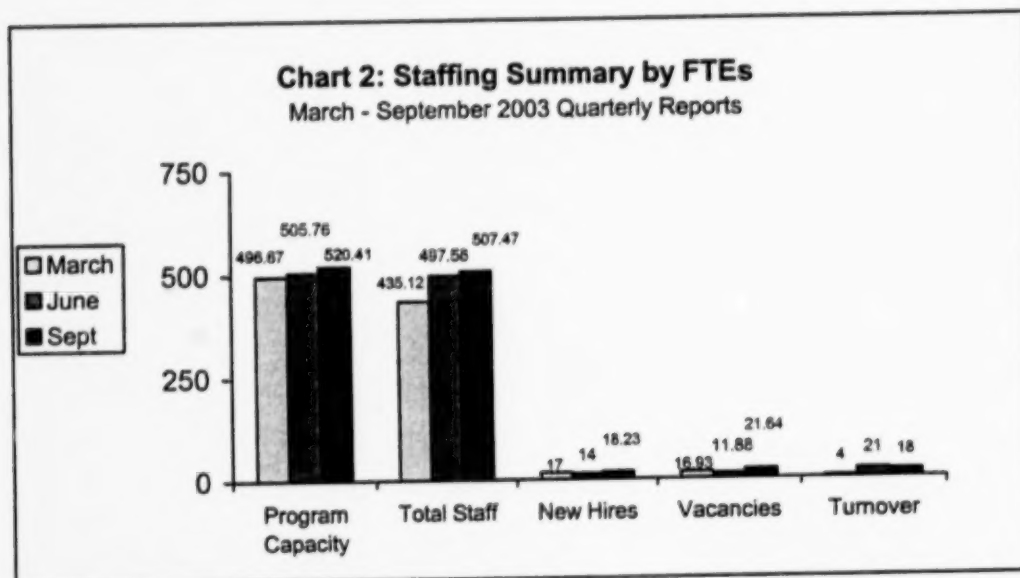
The MCYS advised that it has worked with the Ministry of Training, Colleges and Universities to develop a proposal to build college and university specializations to train people in autism and IBI so that they can work in regional programs. On March 1, 2004, the MCYS indicated orally that there should be an announcement regarding this initiative in two weeks. In its March 31, 2004 response, the MCYS stated no date was given to my office regarding such an announcement. My office's records of this meeting diverge from the MCYS' on this point. However, as noted previously, an announcement was made on March 26, 2004.

The MCYS advised that the bursary program is separate from funding allocated for IBI and separate from development of college and graduate specializations in autism and IBI. The MCYS indicated that funding for the bursary program was allocated to the Ministry commencing in 2003-04 through 2006-07.

Service providers told my office that limited human resource capacity is a significant impediment to delivering more service. In some regions, staff retention is low, as the service providers are unable to provide full-time work. Further, once trained, Program staff finds it very easy to move into private practice, as well as to be hired by school boards to assist in special education programs. One northern service provider noted that staff turnover since commencement of the Program has been in the 40-50% range for instructor therapists in his region.

The Ministry provided data relating to the Program's staffing capacity and attrition. The bi-weekly data 2000 reports and the monthly 2002 reports provided information on recruitment and training activities. The Ministry continues to receive information from the service providers on a monthly basis however, in January 2003, following the commencement of this investigation, the Ministry expanded its Staffing Summary report and made it into a quarterly report. This report for the first time includes information regarding the estimated complement of the Program, the actual number of staff (French/English), new hires made during a reporting period (French/English), vacancies, turnover during the reporting period and training.

Chart 2 illustrates the information from the first three quarterly Staff Summary reports for 2003. In providing this information, the Ministry noted that the information is frequently changing as the service providers provide revised information to it. For example, my office was provided with two separate reports for September 30, 2003, which contained different information. Neither report was dated to reflect which was the original and which was the revised report.



Source: Data provided by the Ministry November 28, 2003

Notes: FTE means "full-time equivalent"; "Program Capacity" is the estimated full staff complement; "New Hires" are those staff hired during the reporting period; "Turnover" are those staff who have left the Program during the reporting period; the Ministry notes that total staff and new hires are to be counted only once.

In its March 31, 2004 response to my March 10, 2004 report, the MCYS explained that Chart 2 refers to the information from the reporting template completed by regional service providers. It noted that the September 2003 report was one of three retroactive reports requested by the Ministry to test a new reporting format. The MCYS acknowledged that there were some reporting errors that are being addressed. It also

stated there were database problems relating to a separate reporting system, an evaluation of that system was undertaken and that action to respond to the findings and recommendations of the review is being undertaken. Ministry staff informed my office on numerous occasions during the investigation that the other source of program data, the Ministry's database, ISCIS, was inaccurate and could not be relied upon.

In reviewing the details of the September 30, 2003 Summary Report, the Ministry reports the Program had an overall staffing capacity of 520.41 staff comprised of Clinical Psychologists (18.91 FTE), Senior Therapists (68.8 FTE) and Instructor Therapists (432.7 FTE).

The number of positions filled as of September 30, 2003, totaled 525.7 FTE, representing the number of "Total Staff" plus "New Hires". The distribution of staff is reported as 16.55 FTE Clinical Psychologists, 73.6 FTE Senior Therapists and 436.15 Instructor Therapists for a total of 526.3 staff. The Program had more FTEs on September 30, 2003, than the Program FTE Capacity yet still reported "Vacancies" of 21.64 FTE.

As noted in the Ministry's response to my intent to investigate, 1.25 staff is required to provide service to one child. In the Ministry's "Service" report of September 30, 2003, it reports the Program capacity is 777 children with 535 children actually receiving services under the Program (also see Chart 1). The MCYS clarified in its March 31, 2004 response that 105 of the children receiving service, obtained services through the direct funding option and not through a regional service provider. Based on the Ministry's calculation of 1.25 FTE's per child and 430 children receiving the Program, 537.50 staff are required to service these children. If the Program were at full capacity of 777 children, 971.25 staff would be required. The MCYS also clarified that the Program capacity estimate is provided by the regional service providers not the MCYS.

Prior to 2003, the Ministry's Staffing Reports did not include "Turnover" data. From January to September 2003, 43 staff left the Program. Service providers reported that the rate of staff turnover of instructor therapists ranges from 20%-50%. The Ministry confirmed that while it had forecast staff turnover in the 10-15% range the experience has been considerably higher due to the Program's intensive nature.

The Ministry confirmed that service delivery was affected because staff costs were greater than had originally been planned. The MCYS advised in its March 31, 2004, response that it does not set salaries for the Program providers; that is the employer's responsibility. It advised that it collected information about salary ranges for key positions when it developed the outreach and recruitment strategy.

The Ministry predicted that the marketplace for individuals in the field would increase dramatically with the initiation of the Program. Service providers state that, since the pay discrepancy between Program and private practitioners is so great, regional programs must compete for the few qualified staff in the field.

In response to my investigative summary, the MCYS suggested that competition amongst private providers and the regional program is not an issue, although it acknowledged the marketplace for private providers has "grown by leaps and bounds" in some areas.

As noted previously, the MCYS told my office on March 1, 2004, that it was aware California and New York had experienced difficulty in hiring trained staff for their IBI programs. However, in its March 31, 2004 response, it indicated that additional information regarding these programs was not obtained until the Fall of 2003. The MCYS advised the expectation was that service providers would need time to build the 1,000-1,500 staff required to deliver IBI services. The MCYS explained that the intent was to phase-in funding and increase staffing capacity over a long period of time. The MCYS stated that by 2006-07 the Program should be at full capacity.

The MCYS noted that the demand for the Program still far exceeds the capacity to provide services. It emphasized that it does not provide services, they are provided by transfer payment agencies under contract. The MCYS stated that training, retention and recruitment are the responsibility of service providers. The MCYS also stated that, since 2002-03, it had continued to build and enhance the Program.

In its response dated March 31, 2004, MCYS stated:

The ministry acknowledges that there were significant obstacles in implementing this program related to the recruitment, training and retention of staff. The ministry intends to continue working with other ministries and its service providers to fully implement strategies to support recruitment, training and retention of staff.

It notes regarding the adequacy of instructor training:

The ministry funded the development and continues to fund delivery of specific skill based training for instructor and supervising therapists. Service providers, as employers, are responsible for orientation and continuing staff development.

Analysis

When the Ministry was establishing the Program it knew there was a shortage of qualified staff to deliver it and that steps would have to be taken to build human resources capacity in Ontario. The service contracts stipulated that the service providers were to deliver services within three months of the contract being signed. The contracts were signed in July 2000. However, therapist training did not begin until September of 2000. Service providers reported that the training provided by BI was inadequate and they had to arrange for additional training for their staff. Service providers also reported a significant problem in retaining staff.

It was not until November 2002, that the Ministry announced a significant strategy to hire and retain IBI professionals and to develop university and college curricula to train them. This announcement was almost two years after the Program started to provide IBI services. It was not until March 26, 2004, that the MCYS announced initiatives to support this strategy.

The MCYS has explained that recruitment, training and retention of staff is a service provider responsibility. While service providers may be responsible for recruitment, training and retention of staff within their individual programs, I believe the MCYS remains accountable for the overall Program planning and strategy relating to recruitment, training and retention. I believe that the MCYS should take steps to ensure that service providers have an effective recruitment, training and retention strategy in place for their programs. It is only the MCYS that has the capacity to develop and fund the broader initiatives such as those required to create a pool of individuals in Ontario with the skills to provide IBI services.

It appears to me that the Ministry did not have an effective recruitment, training and retention strategy when the Program commenced and that this has likely contributed to the length of time children have had to wait before receiving IBI. The MCYS did not fully implement the original plans or the new initiatives announced in November 2002 that were developed to address recruitment, training and retention concerns in a timely manner.

My investigation found that the Ministry was not gathering comprehensive data on staffing related issues until January 2003. Even after that time, it is difficult for me to determine how accurate the information is. Similar reports with the same date contain different information. The Ministry advised my office that 1.25 FTE's were required to provide service to each child in the Program. Using information provided in the Ministry's "Service" reports of September 30, 2003, the 430 children receiving service from the regional service providers would require a staff of 537.50 FTE's, yet FTE staff at that date was reported as being 525.7. The Ministry advised my office in its letter dated October 18, 2002, that there was a 20% staff turnover rate. The information set out in the Ministry's September 2003 quarterly report indicates a much lower staff turnover. Without accurate reports, it would appear to me that the Ministry's ability to determine the staffing trends and requirements was hampered. The Ministry has not been able to monitor effectively the staffing needs of the Program and to develop plans to address these needs. It is my view that the problems with the training and the Ministry's apparent failure to adequately monitor the staffing situation have contributed to the delays in assessments and services being provided.

The government's March 26, 2004, announcement concerns the implementation of a strategy that will address building capacity of personnel who may be a resource to the Program in the future. However, the MCYS' response does not specify how this strategy addresses current staffing issues faced by service providers.

Opinions

1. The Ministry of Community, Family and Children's Services' omission to have an effective strategy for recruitment, training and retention of IBI staff in place when the Program began was unreasonable.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

2. The Ministry of Children and Youth Services' omission to fully implement its current strategy in a timely manner for recruitment, training and retention of IBI staff is unreasonable.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

3. The Ministry of Community, Family and Children's Services' omission to monitor staffing issues effectively was unreasonable.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

Recommendations

1. When developing a program, the Ministry of Children and Youth Services should have an effective strategy for recruitment, training and retention of necessary staff in place before the program begins.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(g)]

2. The Ministry of Children and Youth Services should fully implement its strategy for recruitment, training and retention of IBI staff as soon as possible and report back to the Ombudsman on a quarterly basis on its progress.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(b),(g)]

3. The Ministry of Children and Youth Services should effectively monitor staffing issues when implementing its programs.

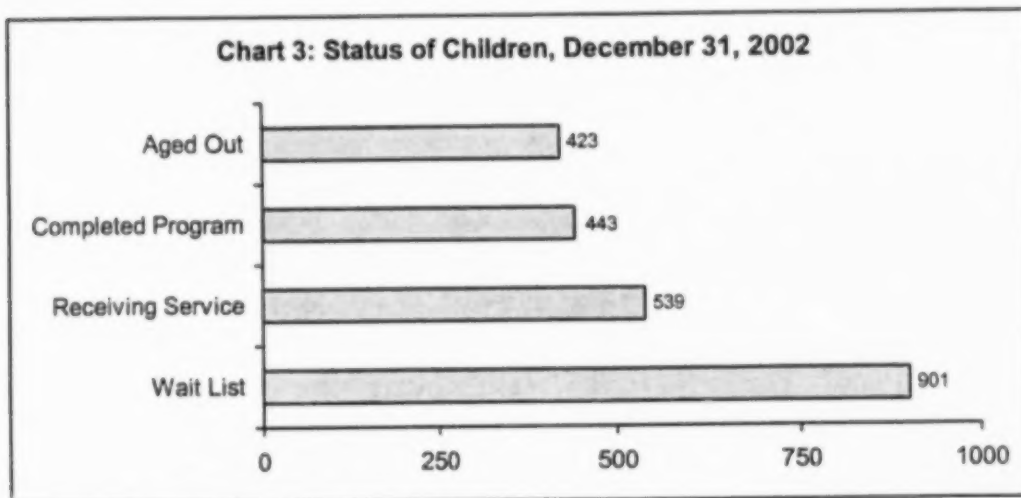
[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(g)]

Aging Out

As a result of the complaints to my office, I was concerned that many children who were found eligible for the Program were not receiving services because they were on the waiting list for assessment or services at the time of their sixth birthday and deemed no longer eligible for the Program. The Ministry noted in its response to me dated January 13, 2003, that it did not collect information regarding the ages of children involved with the Program and directed us to the service providers.

In response to our request, and after four months, the service providers did provide information regarding the ages of children at the various stages of the Program as of December 2002. This information was forwarded to the Ministry and, in turn, to my office. The data received was in a raw state in that it was data for each individual child having contact with the Program as of December 31, 2002. In order for my staff to analyze the information, the records pertaining to each child had to be reviewed and coded manually. My staff then formatted the information to generate the charts used in this report. Recently, Ministry staff requested that my office provide them with the formatted data acknowledging again that they did not have this information in a consolidated form.

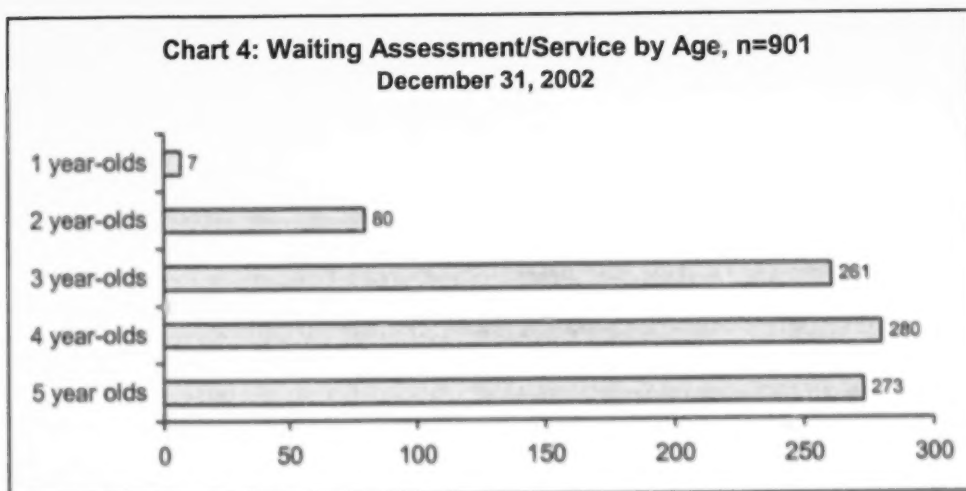
Chart 3 notes the status of the children in the Program as reported by the service providers as of December 31, 2002. The children reported as "Aged Out" and "Completed Program" represent those children from the inception of the Program to December 31, 2002. Those children captured under "Receiving Service" or "Wait List" held that status as of December 31, 2002.



Source: Raw data provided by the Regional Service Providers

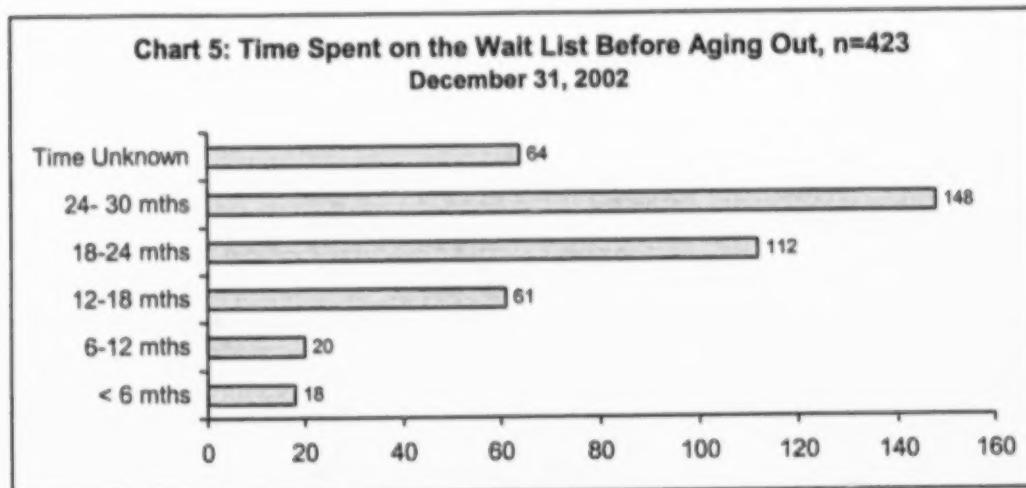
According to the data, as of December 31, 2002, there were 901 children on waiting lists and 423 had "aged out" without receiving any service.

Chart 4 illustrates that the majority of the children waiting for service are in the older age ranges, four and five years olds.



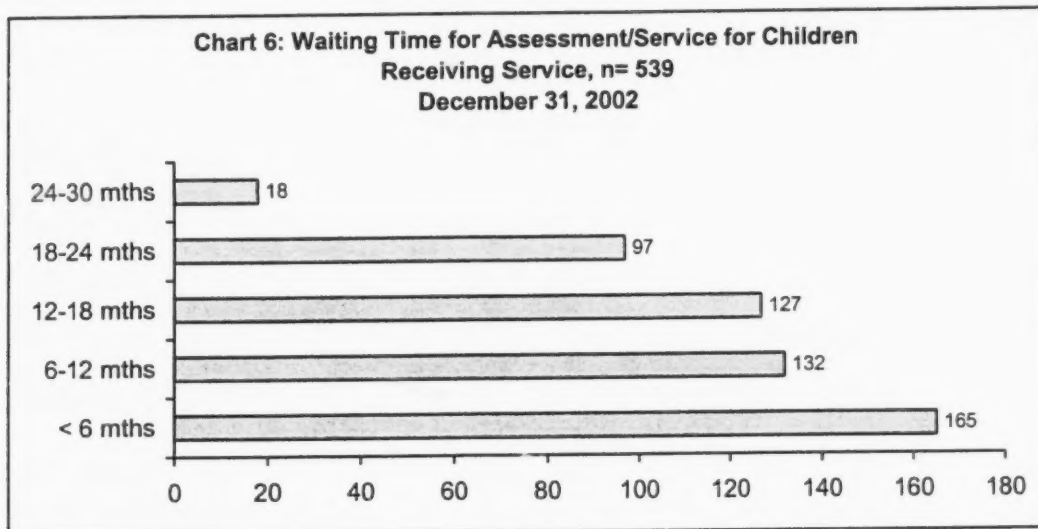
Source: Raw data provided by the Regional Service Providers

Chart 5 illustrates the amount of time that children spent waiting for assessment or services before becoming ineligible for the Program. I note that, of the 423 children, over half were on the waiting lists for 18 months or more before aging out.



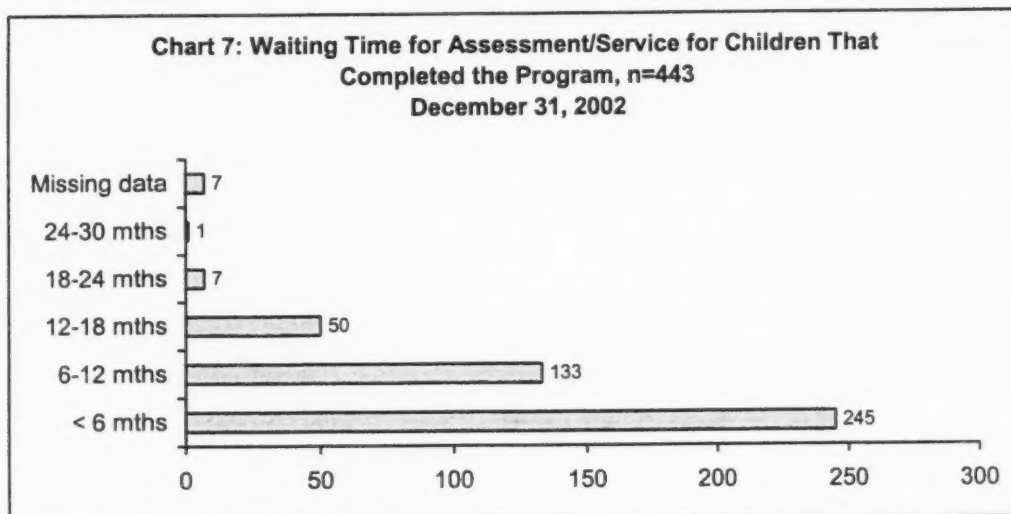
Source: Raw data provided by the Regional Service Providers

Chart 6 illustrates the amount of time children, who were receiving the Program on December 31, 2002, had to wait for assessment or service. The majority of these children were on the waiting lists for 18 months or less.



Source: Raw data provided by the Regional Service Providers

Chart 7 illustrates the amount of time children who had completed the Program as of December 31, 2002, waited for assessment or service. The vast majority of children that completed the Program were on the waiting list for 18 months or less.

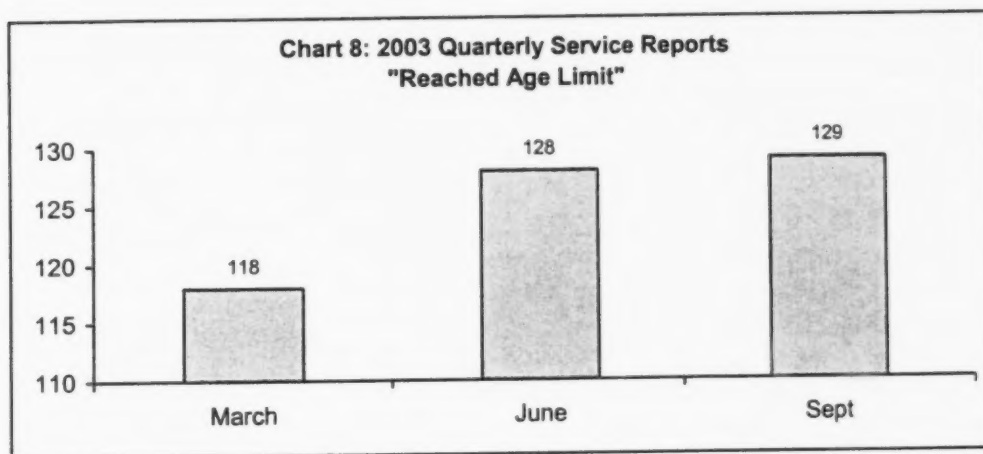


Source: Raw data provided by the Regional Service Providers

Note: Seven records were missing from one Region's data

The Ministry did provide my office with "Service" reports for the latter part of 2000, 2002 and 2003. The format of the reports changed in January 2003. While the Ministry continued to be provided with data monthly from the service providers, the new format, generated quarterly, expanded the information reported on. The 2003 reports include a

column entitled "Reached Age Limit" under the category of "Clients Ended IBI". Children who had been receiving IBI services and who reached age six are included in this column, as well as children who were on waiting lists to receive the Program and who reached age six. Chart 8 illustrates the number of children reported in this column in 2003. In its March 31, 2004 response, the MCYS stated that the implementation status reports have been revised several times since the Program's inception, not just in January 2003. It stated that a new format was introduced in October 2003 with a request for service providers to complete retroactive reports for March, June and September to provide baseline information for ongoing comparisons. It confirmed that reports are still provided monthly.



Source: The Ministry

In February 2003, the Ministry initiated a program of Case File Reviews. Ministry staff randomly selected and reviewed a number of individual case files of children receiving IBI, children assessed as eligible and waiting for IBI to commence and children whose applications had been received and were waiting for assessment. The intent of the review was to confirm that:

- only children who meet the Program guidelines with respect to age are receiving IBI;
- children who have been assessed as eligible and waiting for IBI services to commence are under age six;
- children who are waiting for eligibility assessments are under age six;
- regional providers are taking appropriate actions to comply with the Program guidelines with respect to age eligibility criteria; and,
- regional providers are communicating, in a timely way, with families of children who become ineligible while waiting for service or who will not receive service before their sixth birthday.

Monthly reviews were to occur for March through to June 2003 with a sample of 10% of all files reviewed. The Case File Reviews report on the total number of case files, the

number of files reviewed, the status of the files (i.e., receiving IBI, waiting for assessment, and waiting for IBI), eligibility according to guidelines and action required. There was no information regarding the age characteristics of children on the waiting lists.

In response to my investigative summary, the MCYS stated the Program was no different from other discretionary mental health programs. Although services are funded, they are not funded based on need and not all children will be served. It was explained that part of the MCYS' role is to respond and to adjust funding. The MCYS emphasized that the Program was not based on the vision of all young children in Ontario with autism receiving service. The Ministry was aware that the Program would not serve all the children and stated that this would not have been possible with the \$5 million initial funding. The MCYS noted that the Ministry had increased Program funding significantly since the Program's inception. The MCYS explained that it was a political imperative to start the Program and that, in the first years, the Ministry focused on quality control.

The March 31, 2004 response from MCYS stated that:

The lessons learned from the development of the Intensive Early Intervention Program are being taken into account as we move forward with the development of new and enhanced services for children and youth with autism.

The MCYS also clarified that:

Our services have been directed at children under six because research and professional consensus concluded that intensive behavioural intervention supports are most effective when they are commenced when a child is very young. There was also a specific service gap identified by parents and professionals for pre-school services for children with autism. The ministry remains committed to take all reasonable steps to facilitate the provision of service to eligible children within available resources.

Analysis

When the Ministry first conceived the Program, its vision was broad, anticipating that "all young children with autism" in Ontario should be provided with services to meet their needs. It appears the Ministry soon realized this vision was too ambitious. By the time it amended its vision in September 2000, and the Program was launched, the word "all" had been removed from the phrase "all young children with autism." I am not convinced the significance of this change would have been apparent to the families of autistic children in Ontario. It was only during a meeting on March 1, 2004, when the MCYS orally responded to my investigative summary, that it became clear to my office that the Ministry never intended that all autistic children eligible for the Program would obtain service.

The Program was initiated quickly as a result of political response without the lead-time necessary to prepare for the recruitment and training necessary to build the capacity to provide service. While I understand that time may be required to fully implement a new program, I believe it is incumbent on government to be open and clear regarding program expectations. The announcement and documentation relating to the Program did not refer to the fact that it was not possible for it to serve all children in need or that the Program would be funded gradually over a period of six or seven years.

As of December 31, 2002, 423 children with autism had "aged out" without receiving service and there are hundreds of children currently on the waiting list who may never receive services. The Ministry initially advised my office that it did not collect information regarding the ages of children in the Program. If it had, it would have known that more than half of the children who are on the waiting list for more than 18 months "age out" and never receive services. The "Services" reports that the MCYS now produces do include information about children who have "aged out" of the Program, however this information is buried as it is included with the number of children who have been receiving IBI services and who have reached age six.

The Ministry's Program created expectations of service it was unable to fulfill. It is still not analyzing information necessary to assess the impact of service delays on children who "age out." The MCYS refers to the fact that the Program is discretionary. However, the nature of IBI services, which may improve the chances of children leading a better quality of life within our society, is such, that I believe it is critical that all attempts be made to provide service to as many children as possible. The fact that the Ministry continued to increase funding with a view to achieving full capacity in a number of years suggests the MCYS recognized the significance of the Program in this regard. Given the critical importance of IBI in assisting children with autism, I believe it is unconscionable that hundreds of autistic children "age out" without ever receiving service, some after waiting for over 18 months.

The government's announcement of March 26, 2004, to increase funding for pre-school children with autism is directed at long-term solutions to problems with recruitment and retention of qualified IBI professionals. However, in the short term, it is not clear what solution exists for those children in jeopardy of "aging out" without obtaining service. Once again, I am concerned that the MCYS may be creating expectations it cannot meet given the existing levels of IBI professionals in the province.

Opinions

4. The Ministry of Community, Family and Children's Services' act of creating program expectations it was unable to meet was unreasonable.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

5. The Ministry of Community, Family and Children's Services' omission to analyze information regarding the impact of service delays on children who "age out" was unreasonable.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

6. The Ministry of Community, Family and Children's Services' omission to provide Program services to hundreds of autistic children was unjust.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(1)(b)]

Recommendations

4. The Ministry of Children and Youth Services' should not create program expectations it is unable to meet.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(g)]

5. The Ministry of Children and Youth Services' should analyze information regarding the impact of service delays on children who "age out."

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(b)]

6. The Ministry of Children and Youth Services' should take all available steps to ensure that all eligible autistic children are provided with services under the Program.

[*Ombudsman Act*, R.S.O. 1990, c.O.6, s. 21(3)(g)]

Managing the Waiting Lists

The RFP released by the Ministry prescribed an administrative structure for service providers that did not provide for funding of service coordinator positions. The expectation was that such positions would be phased out as the Program matured. Service providers indicated that, if their proposal included a service coordinator, the position was not approved. Service providers stated applications flooded in from the moment it was announced that their agencies had contracted to provide IBI. One service provider noted 60 applications were received in one day. The decision to forego wait list personnel resulted in poorer communication with families. One clinical director, in a regional program with a wait list exceeding two hundred, told my investigator that calls received from families regarding their children's applications to the Program could not be returned given time constraints.

Availability of assessment expertise was another issue that impacted the wait lists at Program start-up. The RFP indicated a significant number of assessments would be required to determine eligibility for the Program. However, clinical expertise to complete assessments in a timely manner was not addressed in all proposals. The RFP also specified that detailed workplans for the initial six-month implementation including a strategy for "managing the expected initial volume of applications" was to be included. In larger regional programs, the shortage of clinical staff for assessment purposes caused delays for the first six months of the Program. Service providers contracted for the purchase of assessment expertise, an expense that came out of service providers' regional program budgets.

The Program serves children aged two to five with an autistic disorder or condition considered to have moderate to severe ASD. Children, who do not begin IBI until they are between the ages of five and six may be eligible for a maximum of up to 12 months of services if, based on an assessment, these services would help their transition to school.

Service providers take different approaches to management of regional program waiting lists. One service provider, who believes that it is more important for younger children to receive IBI, simply does not accept children older than four years and seven months onto the waiting list. The Ministry acknowledged that it is aware of the different approaches used by service providers.

Two service providers interviewed advised that they currently have only one waiting list and that is for service; they do not undertake assessments until such time as a service space is available. Given their waiting lists, some clinical directors stated that they had established a system of rotating the selection of children for assessment by age cohort allocating to each age cohort 25% of the projected spaces available for the year. Therefore, date of application to the Program is not the sole determining factor as to when a child will get assessment for service. Some regional programs base admissions on the time of application, the quadrant of the city or county the application came from, where the opening in the Program is and the age of the applicant.

Another service provider advised my Investigator her regional program focuses on providing transitional services for older children. She stated that, on average, children receive about ten hours a week of IBI, as well as other transitional support. She indicated several groups of children have graduated from her program. It also provides service to a small younger group of children who receive increased IBI hours. Turn over of children in the second group is substantially less.

The Ministry, at the commencement of the Program, indicated that providing service to those in the severe end of the spectrum and to children age five and older was the Program's priority. However, in November 2002, the Ministry reminded service providers that the Program guidelines must be followed, that the Program was to remain focused on children aged two to five years and that doing so would require that they either discharge children or remove names from the waiting list of those children who were over six.

According to several service providers, children were admitted to the Program who were beyond the age of six. Some service providers advised that they advocated for clarification of the Program guidelines, since it was unreasonable that there were children on the wait list for lengthy periods of time without receiving service.

In response to my investigative summary, the MCYS noted that it is the regional service providers who are responsible for managing the waiting lists. It indicated that the MCYS has looked at some of the information collected on the impact of service delay and has made some changes. The MCYS stated on March 1, 2004, that the Program guidelines would be amended to address the waiting lists in two weeks.

The MCYS explained that there were a number of improvements to the Program to address the waiting list issue, for example, funding of wait list and intake coordinators. It explained that these positions were added to help manage the Program, since the Ministry knew it would not serve all eligible children given the funding level. On March 1, 2004, the MCYS noted it had also funded workshops for families on the waiting list. However, in its March 31, 2004 response, it clarified that it may have made reference to parent training seminars but it does not directly fund workshops for families on the waiting list, rather this is part of the service that the MCYS contracts for with service providers.

The MCYS acknowledged that the regional offices and regional service providers are concerned about "aging out" and that is why the Ministry focused upon serving older children so they would not "age out" without receiving service. The Ministry emphasized that service is provided based on the assessments of psychologists and clinicians, who express that younger children gain the most from the service. One MCYS official indicated that it is not unreasonable to expect consistency in how waiting lists are dealt with across the province. Another official noted the size of the wait list varies amongst the regions and, while consistency is a good thing, it must be balanced with flexibility to meet the needs of local communities.

The MCYS noted that there were issues from the beginning of the Program with wait lists but the Ministry had received political direction to start the Program by a certain date. It noted that, in 2001, the Ministry together with staff in the Minister's office, met with the regional service providers. The MCYS advised that the regional service providers talked about their concerns and, in the winter of 2001, the Ministry provided additional funds for transitional coordinator positions to assist with the wait lists. The Ministry stated that this helped with coordination of wait lists, parents were offered training sessions and the Ministry approved an amended direct funding option to allow families to go to the front of the line, if they were prepared to manage their own service.

The MCYS response of March 31, 2004, notes:

Some program providers elect to perform eligibility assessments closer to the time when a service space will be available in order that assessments do not become dated and require updating. The ministry intends to introduce changes to the program guidelines that will support better wait list management.

...

The ministry acknowledges that there have been issues with waiting lists. While we recognize the importance of consistency, service providers need flexibility to meet the unique needs of their programs and communities. We will continue to work with local service providers to respond to their needs.

Analysis

Given the uncertainty around the prevalence of autism in Ontario and the extent of interest that had already been expressed in IBI services, the Ministry should have foreseen that the Program would have to deal with large waiting lists shortly after commencement. The Ministry's failure to factor in the need for administrative support to manage waiting lists when planning the Program led to service providers having no resources to communicate with beleaguered parents regarding their children's status on the waiting lists. It appears unrealistic to expect that regional programs receiving hundreds of applications could manage without administrative support to manage their wait lists. The announcement of additional funding for the Program appears to have done little to alleviate the problem. While the Ministry expects that the Program will operate at full capacity by the 2006-07 fiscal year, there are still substantial waiting lists and children who will wait in line in the intervening years without ever obtaining service. There is no consistent management of waiting lists by the service providers. The probability that any particular child will obtain service will vary depending on the region in which they have applied. It is clear from data obtained through the Ministry that older children are more likely to wait longer and to "age out" without obtaining service. As a result of this inherently unfair situation, some service providers with older children on their wait lists have, in the past, admitted children over six in contravention of the Program guidelines. The Ministry has taken steps to prevent this. While the MCYS is

aware of the differences among the regional programs, nothing has been done yet to ensure a consistent and equitable approach to waiting list management. The MCYS has indicated that it will be taking steps in the near future to address the waiting list issue. It is unfortunate that it will not assist those hundreds of children who have "aged out" already without receiving service.

While the MCYS response acknowledges there have been issues with waiting lists, it does not indicate what concrete steps, if any, will be taken to address these issues.

Opinions

7. The Ministry of Community, Family and Children's Services' omission to factor in the need for administrative support to manage waiting lists when planning the Program was unreasonable.

[Ombudsman Act, R.S.O. 1990, c.O.6, s. 21(1)(b)]

8. The Ministry Children and Youth Services' omission to ensure that waiting lists for the Program are consistently and equitably managed is unreasonable.

[Ombudsman Act, R.S.O. 1990, c.O.6, s. 21(1)(b)]

Recommendations

7. The Ministry of Children and Youth Services' should factor in the need for administrative support to manage waiting lists when planning programs in the future.

[Ombudsman Act, R.S.O. 1990, c.O.6, s. 21(3)(g)]

8. The Ministry of Children and Youth Services should ensure that waiting lists for the Program are consistently and equitably managed.

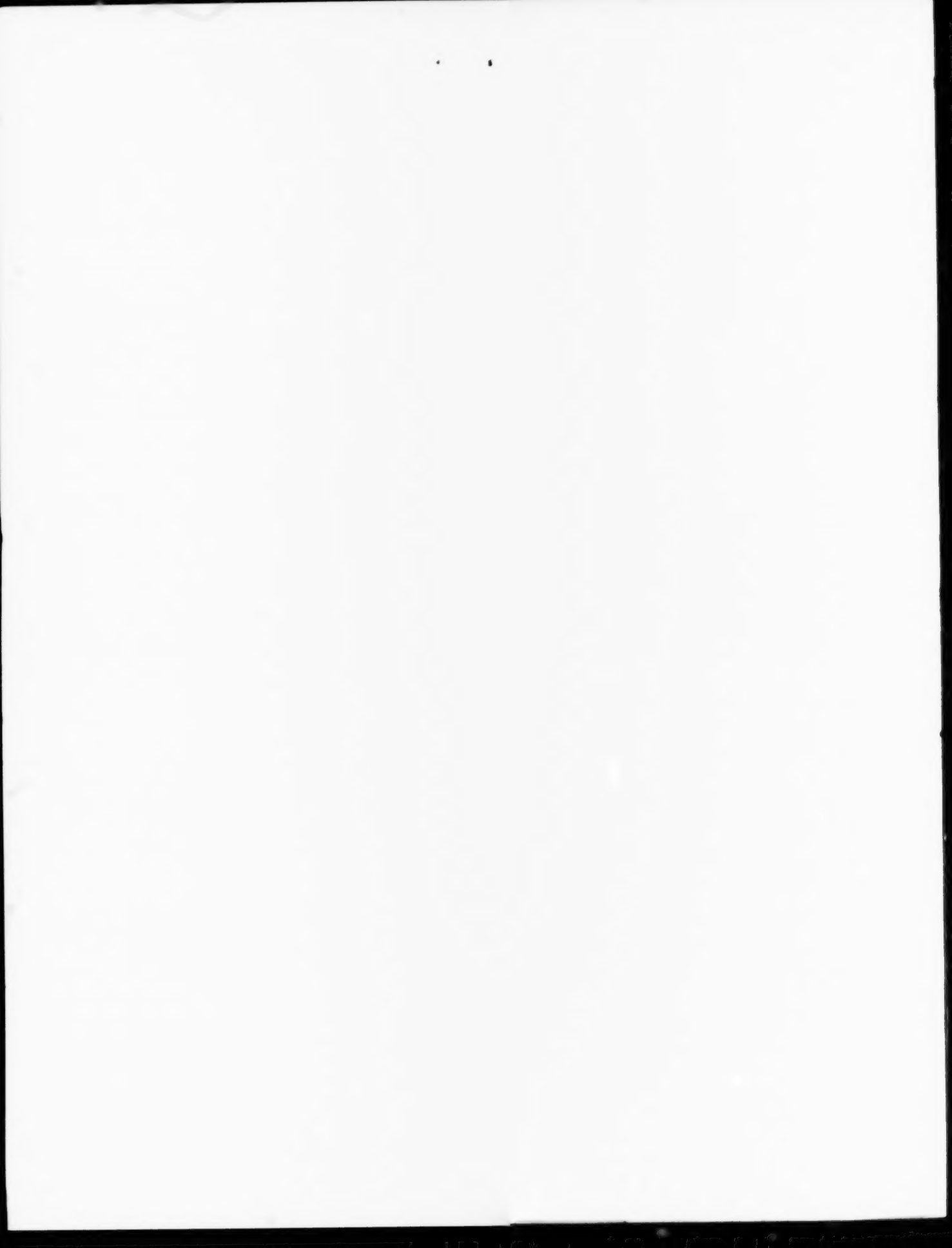
[Ombudsman Act, R.S.O. 1990, c.O.6, s. 21(3)(b)]



**OMBUDSMAN
ONTARIO**

In my 2003-2004 Annual Report I reported on the investigation I conducted on my own motion into waiting lists and service delays in the Intensive Early Intervention Program for Children with Autism. After my Annual Report was written, I issued a further report on this Program and obtained the response of the Ministry of Children and Youth Services. My report and the Ministry's response are included in this Addendum. Based on the Ministry's response, I have determined that I will not be bringing this matter to the attention of the Legislative Assembly under s. 21 of the *Ombudsman Act*. However, I will be monitoring the implementation of the Ministry's commitments as set out in its response.

Clare Lewis, Q.C.
Ombudsman



Ministry of Children
and Youth Services

Deputy Minister

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May 7, 2004

Mr. Clare Lewis, Q.C.
Ombudsman of Ontario
125 Queen's Park
Toronto, ON
M5S 2C7

Dear Mr. Lewis:

**Re: Wait Lists and Service Delays in the Ministry of Children and Youth Services
Intensive Early Intervention Program**

Thank you for the opportunity to respond to your revised report of April 22, 2004. After carefully reviewing the report, we have the following responses to your recommendations:

Recommendations: Human Resources

- 1. When developing a program, the Ministry of Children and Youth Services should have an effective strategy for recruitment, training and retention of necessary staff in place before the program begins.*
- 2. The Ministry of Children and Youth Services should fully implement its strategy for recruitment, training and retention of IBI staff as soon as possible and report back to the Ombudsman on a quarterly basis on its progress.*
- 3. The Ministry of Children and Youth Services should effectively monitor staffing issues when implementing its programs.*

Response: Human Resources

The Ministry will consider lessons learned from the development and implementation of the Intensive Early Intervention Program as it develops new policies and programs for children and youth, including strategies for recruitment, training and retention of staff.

The Ministry acknowledges that there were significant obstacles in implementing this program related to the recruitment, training and retention of staff. The Ministry will continue to implement the strategy for recruitment, training and retention of IBI staff through regional service providers and will monitor staffing issues more effectively. The Ministry is also implementing new initiatives to address recruitment, training and retention with the Ministry of Training, Colleges and Universities, which include:

- Funding George Brown College and St. Lawrence College to support 60 potential new students in their Behavioural Science Technology programs
- Supporting development of a College Graduate Certificate Program in Autism and Behavioural Science to provide up to 180 students each year with more specialized and targeted training.

We are also developing a Grant Assistance Program to support recruitment and retention of therapists and psychologists.

The Ministry will work with your office to determine the most appropriate way to provide updates on progress in recruitment, training and retention of staff.

Recommendations: Ageing Out (#4 and #6)

4. *The Ministry of Children and Youth Services should not create program expectations it is unable to meet.*
6. *The Ministry of Children and Youth Services should take all available steps to ensure that all eligible autistic children are provided with services under the Program.*

Response: Ageing Out (#4 and #6)

The Ministry has responded to the increase in need for services by increasing the funding associated with this program since 1999.

The Ministry will consider lessons learned from the development and implementation of the Intensive Early Intervention Program and will endeavour to improve communication concerning program expectations.

Services are provided within available human and financial resources.

Recommendation: Ageing Out (#5)

5. *The Ministry of Children and Youth Services should analyze information regarding the impact of service delays on children who "age out".*

Response: Ageing Out (#5)

The Ministry will address this recommendation as part of the larger evaluation of the Intensive Early Intervention Program.

Recommendations: Managing the Waiting Lists

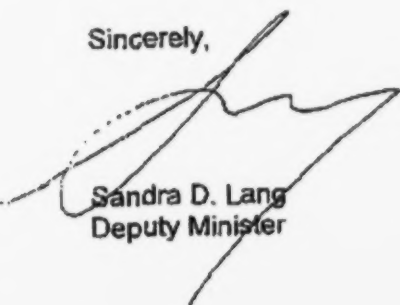
7. *The Ministry of Children and Youth Services should factor in the need for administrative support to manage waiting lists when planning programs in the future.*
8. *The Ministry of Children and Youth Services should ensure that waiting lists for the Program are consistently and equitably managed.*

Response: Managing the Waiting Lists

The Ministry will consider lessons learned from the development and implementation of the Intensive Early Intervention Program as it develops new policies and programs for children and youth, including administrative support to enable agencies to manage waiting lists for programs. The revised Program Guidelines for the Intensive Early Intervention Program will address better management of waiting lists both by regional service providers and by direct regional service providers across the province. This waiting list management will assist in providing supports for families of children eligible for Intensive Behavioural Intervention who are waiting for IBI services to begin.

Again, we appreciate the opportunity to respond to this report.

Sincerely,



Sandra D. Lang
Deputy Minister

